FOR INSTRUCTIONS, SEE BACK OF FORM	DISCLOSURE BOARD	FORM				
		DR-2 DISCLOSURE				
DISCLOSURE SUMMARY	PAGEIN 2 1 2004	(Rev. 01/98) REPORT				
	pm 6-17	For Office Use Only				
COMMITTEE NAME (Must be same as on Statement o	*Crawlization)	Comm. #				
Radig for State Hous	~	- Indexed				
IMPORTANT: Indicate type of committee you are reporting for	r: [[AuditedComputer				
(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State (5) County PAC (6) Ballot Issue/Franchise Committee (7) Count (8) Support Slate of Candidates		- Company				
NE	(712) 253-25	.77 6/16/04				
SIGNATURE OF TREASURER (or person filing this re	DATE SIGNED					
Routine Penalties Due For Late Filed Reports Range from \$20 to \$800						
SEE INSTRUCTIONS ON BACK AND COMPLETI	E THE FOLLOWING SENTEN	CE:				
I AM FILING A May 19th (report date)	REPORT FOR AN/A (1) E	LECTION /(2)NON-ELECTION YEAR.				
(report date)		Indicate one				
CHECK IF AMENDMENT TO REPORT DATED	5/17/04	Local Committees, enter Date of Election Nov 2 2004				
Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. (You must continue to file reports until a Notice of Dissolution is filed.)						
STATE	MENT OF CASH ON HAND					
of all monies held by the committee. This amoust same as the cash on hand at the end of the last or must be zero if this is first report filed.)	unt MUST be the treporting period,	\$				
ADD TOTAL MONEY TAKEN IN THIS PERIO						
Schedule A: Cash Contributions total (Attach S	chedule A)	3190.00				
Schedule F: Loans Received total (Attach Sche	edule F)					
Schedule H: Total Sales of Campaign Property	(Attach Schedule H)					
(Schedule H applies to Candidates'	Committees Only)					
	SUB-T	OTAL\$				
SUBTRACT TOTAL MONEY SPENT THIS PE						
Schedule B: Expenditures total (Attach Schedu	ile B)	29 6 .14				
Schedule F: Loan Repayments total (Attach Sc	hedule F)					
CASH ON HAND at the end of this reporting period (if fir be zero) (Attach DR-3)	nal report, balance must	<u>\$ 2893,86</u>				
UNPAID BILLS (From Schedule D - Attach Schedule D)						
IN KIND CONTRIBUTIONS (From Schedule E - Attach S						
OUTSTANDING LOANS (From Schedule F - Attach Sch	nedule F)	\$				
CANDIDATE COMMITTEES ONLY:						
CONSULTANT BREAKDOWN (Schedule G Attached?)		YES NO				
VALUE OF CAMPAIGN PROPERTY (From Schedule H	- Attach Schedule H)	\$				

For Instructions, See Back of Form	For	Instru	ctions.	See	Rack	of Form
------------------------------------	-----	--------	---------	-----	------	---------

CONTRIBUTIONS -- MONEY TAKEN IN

Reset Form

SCHEDULE					
A (Rev. 06/97)	MONETARY RECEIPTS				
CHECK THIS BOX IF					

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
Rading for Stake House
1-00-9-00-10-00-10-00

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
4/7/04	ID# CK#	Ron Nutt 3711 Cheyenne Blud. Sious Chy 18	7 51/04	\$ 100.00	
4/7 64	ID#	Sin Worner 4350 Far Hills RI. Soun G.4, 1A		100,00	
4/8/04	ID# CK#	Worner Bud' Nelson att, 40 Rivgeview Stoux att,	/A	100.00	
4/8/04	ID# CK#	Bob and Connie Hansen 3505 Broken Kettle Sins City 51104		300,00	
4/8/04	ID# CK#	20119 For STOUX City IA		25.00	
4/15/64	ID# CK#	Jones and Lisa Weytert 27/5/ Thomas Ave 5104 27/5/ Thomas Ave 55020	Aunt and Uncle	100.00	
4/15/04	i ID#	Therese Hambreld 304 Bird IA 51054	1	100.00	
4/15/04	ID# CK#	Wike Well'S LeMas, 1A 366 16th ST. SE 51031		250.00	
4/,5/04	ID#	Elum C. Blackburn 1518 3824 st Sioux City JA 51104		25.00	
	ID# CK#	1			
			SUB-TOTAL	\$ 1100,00	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page of (for Schedule A)

TOTAL (if last page of this schedule)

CONTRIBUTIONS -- MONEY TAKEN IN

Reset Form

SCHEDULE

A MONETARY
(Rev. 06/97) RECEIPTS

CHECK THIS BOX IF

AMENDING FORM

(including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
Radiz for State House
Total Total From

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 688.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
4/15/04	L	Kristi Nimmo 9940, Westpate Ct. Lenexa KS 66215	2nd Cousin	\$ 25.00	
4/21/04	ID# CK#	Dr. Janes Grabosski, 4500 Stoneridge Pt. Sionx City 145/106		100.00	
4/21/04	ID# CK#	George New 4520 glanor Cir. 1A 51104		25.00	
4/21/04	ID# CK#	Arland Freiberg 2287 Bushanger Aus 51054		25.00	
4/21/04	ID# CK#	Dianne Fish, 320, N. Lantry 50511	Great Aunt	50.00	
4/26/04	ID# CK#	Daria Bossman Soun City 14, 5600 Windsor Ave, 51106		25.00	
4/26/04	ID# CK#	Chintand Helen Golden 1023 N. Monnesofa St. 50511	Grandparent	100.00	
4/26/04	ID# CK#	Lance EAMCKE 4908 Barine Both LAIA 51106		100.00	
4/26/04	ID# CK#	Jan and Ken Noble 812 N. Shenon Dr. Slaan, 17 51055	sister's In-laws	25.00	
4/26/04	ID# CK#	Richard Wagner 528 Pellitier Sioux City 1A 51104		50.00	
		TOTAL (if last page	SUB-TOTAL of this schedule)	\$ 525.00	

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Page Z of Y

CONTRIBUTIONS - MONEY TAKEN IN

Reset Form

A (Rev. 06/97)	MONETARY RECEIPTS
CHE AME	CK THIS BOX IF

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
Rowley for State Horse

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
4/30/04	ID# CK#	Jack Voss Siver City	·	50.00	
4/30/04	ID#	Jack Voss Sioux City 1839 Indian Hills 51104		50.00	
4/30/04	ID# CK#	Donald Schenk 33023 KIETY 1751108		25.00	
4/30/04	ID# CK#	Mary Anderson Sioux Coty 1A 1018 25 th St. 51104		25.00	
5/3/04	ID# CK#	Greg Hoversten Swerlet, 4705 Stone Park Blud. 5/103	r,1A	250.00	
5/3/04	ID# CK#	Donna Godden 1517 zincoln Blod. Muscatine, (A 52761	my mom	250.00	
5/3/04	ID# CK#	Ron Wieck Scoux Cit 920 Norminger Le Ave 51106	2 13	250.00	
5/3/04	ID# CK#	James Champton Sicurcity,	A	50.00	
5/3/04	ID# CK#	Charles and Joann Beck to Hd 6706 Kingswood Ct. 51106	4,14	50,00	
5/3/04	ID# CK#	Mel Adema 16 Deer Garer City 1A51104		50.00	
<u> </u>	<u> </u>	TOTAL (if last page	SUB-TOTAL of this schedule)	s 1050	

Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If sumame of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 3 of 4 (for Schedule A)

CONTRIBUTIONS - MONEY TAKEN IN

Reset Form

SCHEDULE
A MONETARY
(Rev. 06/97) RECEIPTS
CHECK THIS BOX IF

AMENDING FORM

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Rading for State House

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
5/3/04	<u> </u>	Christopher Rants 2740 S. Glass Slovk CH,/1 51/06	7	\$ 50.00	
5/3/04	ID# CK#	Gene Ambrosian Stax City 1 2936 S. Cedar St. 51106	A	100.00	
5/3/04	ID# CK#	Brent and Ber Huldern Sioux City, 119 1804 Isabella 51103		100.00	
5/3/64	ID# CK#	Rick Christoffers 501 11th St. 51105		25.00	
5/3/04	ID# CK#	James or Ta' Mara Hanscom 3902 Smith River Rd. Siens City, 1A 51108		25.00	
5/3/04	ID# CK#	Barb Vakulskas Sieux Chy 4300 Country Club 51104	19	25.00	
5/3/04	ID# CK#	Lois Bjork Soux City, 1 214 S. Collins 51103		25,00	
5/3/04	ID# CK#	Lyn Dovenport Soun City, 1 3219 Nebraska 51104	A	25.00	
5/1/04	10#	Sandy Larvick Soux City 2604 Marshall Sioux City	A	15.00	
5/14/64	ID#	Marge Stane K Sioux City 5500 WILL ROSE EN. 51106 Robert Rice Sioux City 51106 500 4 Raving Park In.	IA	25.00	
1. 704	CK#	Robert Rice SIBUX City 57106		100.00	
		500 4 Raving Parktin,	SUB-TOTAL	\$ 5 15,00	
		TOTAL (if last page	of this schedule)	3190.00	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If sumame of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page of (for Schedule A)

FOR	INSTRIL	CTIONS	SEE RA	ACK OF	FORM

In elegation and experience	73.950.43
Decat Bo	
TOOCHAO	4.44
A second	10(5)10,440

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE	
B (Rev. 09/97)	MONETARY EXPENDITURES
- <u> </u>	

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)

CHECK THIS BOX IF AMENDING FORM

Ka	Lig for	state thuse		
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
-	ID#	-		
1	CK#	-		\$
4/30/04	ID#	Jacob Bassman	Reimbersement for	154.36
704	CK#	Plesant Hell 1A 5032	Mi Hage	
	ID#	Jacob Bosman	Reimbursement for	
5/14/04	CK#	Jacob Bassman 697 Sherry lynn Blud. Apt Plesant Hell 1A 5032 Jacob Bassman 697 Sherylynn Blud. Apt 2 Pleasant Hill, 1A 50327	pu'heoge	141.78
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	СК#			
	ID#			
	CK#			
			SUB-TOTAL	\$ 294.14
			TOTAL (if last page of this schedule)	

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 56.6(3)(i).)

	,)	
Page	- /	of	/_	

DISCLOSURE SUMMARY PAGE

	For	Office Use Only
COMMITTEE NAME (Must be same as on Statement of Organization)	1 1	nm. #
Radig for State House		exed SW TR
IMPORTANT: Indicate type of committee you are reporting for:		nputer
(1)Statewide/Legislative Candidate (2)Statewide PAC (3)State Party (4)County/Local Candidate	l leur	nputer
(5)County PAC (6)Ballot Issue/Franchise Committee (7)County/City Central Committee (8)Support State of Candidates		
(7/2)-253-25	 	5/17/20
SIGNATURE OF TREASURER (or person filing this report) TELEPHONE		DATE SIGNED
end of the second secon		
Routine Penalties Due For Late Filed Reports Range f	rom \$20	O SUBGLOBURE BOARD
OFF WOTPHOTICUS ON PACK AND COMPLETE THE FOLLOWING SENTENCE	_	MAY 2 0 2004
SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE	<u>=:</u>	on 5-18
I AM FILING A Way 19 The REPORT FOR AN/A (1) ELE	ECTION /(2	NON-ELECTION YEAR.
	dicate one	TUL
CHECK IF AMENDMENT TO REPORT DATED	1	nittees, enter Date of Election // 2 2004
		ocal Committees, enter County in
Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. (You must continue to file reports until a Notice of Dissolution is filed.)	which Elect	on is held
	Mosa	bury
STATEMENT OF CASH ON HAND		
CASH ON HAND at the beginning of the reporting period. (This is the total	*	
of all monies held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period,		\mathcal{X}
or must be zero if this is first report filed.)	\$_	
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A)		3190,00
Schedule F: Loans Received total (Attach Schedule F)		
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		
(Schedule H applies to Candidates' Committees Only)		
SUB-TOT	AL\$	
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	•	
Schedule B: Expenditures total (Attach Schedule B)		296,14
Schedule F: Loan Repayments total (Attach Schedule F)		
CASH ON HAND at the end of this reporting period (if final report, balance must		
be zero) (Attach DR-3)	\$	2893.86
UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	
IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	
OUTSTANDING LOANS (From Schedule F - Attach Schedule F)		
CANDIDATE COMMITTEES ONLY:	•	
CONSULTANT BREAKDOWN (Schedule G Attached?)		YES NO
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$	
TALUE OF GAME AIGHT HOT LITTE (From Schedule III - Attach Schedule II)	Ψ.	

FORM DR-2

(Rev. 01/98)

DISCLOSURE

REPORT

CONTRIBUTIONS -- MONEY TAKEN IN

Reset Form

SCHEDULE				
Α	MONETARY			
(Rev. 06/97)	RECEIPTS			

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
Rading For State House

CHECK THIS BOX IF AMENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
4/7/04	ID# CK#	Ron Nutt Cheyenne		\$ 100.00	
4/7/64	ID# CK#	Sim Worner Far Hills RI.		100,00	
4/8/04	ID# CK#	Warren Bud Nelson 40 Rivgeview		100.00	
4/8/04	ID# CK#	Bob and Connie Hansen 3505 Broken Kettle		300,00	
4/8/04	ID# CK#	Carolyn Spellman 3849 Sones		25.00	
4/15/04	ID# CK#	James and Lisa Weytert 27151 Thomas Ave 55020	Aunt and Uncle	100.00	
4/15/04	ID#	Therese Hamfreld 304 Bennington Ct. 51054		100.00	
4/15/04	ID# CK#	Wike Wells 364 16th St. SE 51031		250,00	
4/,5/04	ID# CK#	Edwar C. Blackburn 1518 3824 st.		25.00	
	ID# CK#				
<u></u>		<u> </u>	SUB-TOTAL	\$ 110000	

TOTAL (if last page of this schedule)

Page _____of ____

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If sumame of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

CONTRIBUTIONS -- MONEY TAKEN IN

Reset Form

SCHEDULE	
A (Rev. 06/97)	MONETARY RECEIPTS
	CK THE BOX IS

AMENDING FORM

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)	
Radiz for State House	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
4/15/04		Kristi Nimmo 9940 Westgate Ct. 66215	2nd Cousin	\$ 25.00	
4/21/04	ID# CK#	Dr. James Grabousk; 4500 Stoneridge Pt. 51106		100.00	
4/21/04	ID# CK#	George New 45-20 alanor Cir. 51104		25.00	
4/21/04	ID# CK#	Arland Freiberg 2287 Buchanan Ave. 51054		25.00	
4/21/04	ID# CK#	Dranne Fish 320, N. Landry 50511	Great	50.00	
4/26/04	ID# CK#	Daria Bossman 5600 Windsor Ave, 51106		25,00	
4/26/04	ID# CK#	Chintand Helen Golden 1023 N. Monnesota St. 50511	Grandparent	100,00	
4/26/04	ID# CK#	Lance Ehmcke 4908 Ravine Patk LN. 51106		100.00	
4/26/04	ID# CK#	Januard Ken Noble 812 N. Shennon Dr. 51055	Sister's In-laws	25.00	
4/26/04	ID# CK#	Richard Wagner 528 Pellitier		50.00	
		TOTAL (if last page	SUB-TOTAL of this schedule)	\$ 525.00	

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CONTRIBUTIONS - MONEY TAKEN IN

Reset Form

SCHEDULE

A MONETARY
(Rev. 06/97) RECEIPTS

CHECK THIS BOX IF AMENDING FORM

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
4/30/04	ID# CK#	David Widness 1665 220 = St. 51054	·	\$ 50.00	
4/30/04	ID#	Jack Voss 1839 Indian Hills 51104		50.00	
4/30/04	ID# CK#	Donald Schenk 33023 K18 51108		25.00	
4/30/04	ID# CK#	Nary Anderson 1018 25 th St. 51104		25.00	
5/3/04	ID# CK#	Greg Hoversten 4705 Stone Park Blud. 5/103		250.00	
5/3/04	ID# CK#	Donna Godden 1517 Lincoln Blud, 52761	my mom	250.00	
5/3/04	ID# CK#	Ron Wieck 920 Morninger Le Ave, 51106		250.00	
5/3/04	ID# CK#	James Champton 2311 Cypness St. 51106		50.00	
5/3/04	ID# CK#	Charles and Joann Bechtold 6706 Kingswood Ct. 51106		50.00	
5/3/04	ID# CK#	Mel Adema 16 Deer haven 51104		50.00	
			SUB-TOTAL	\$1050	

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Page 3 of 4 (for Schedule A)

TOTAL (if last page of this schedule)

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

Reset Form

SCHEDULE	
A (Rev. 06/97)	MONETARY RECEIPTS

COMMITTEE NAME (Must be same as on Statement of Organization)

Rading for State House

☐ CHECK THIS BOX IF AMENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
5/3/04	ID# CK#	Christopher Rants 2740 S. Glass 51/06		\$ 50.00	
5/3/04	ID# CK#	Gene Ambrosian 2936 S. Cedar St., 51106		100.00	
5/3/04	ID# CK#	Brent and Ber Huldern 1804 Isabella 51103		100.00	
5/3/64	ID# CK#	Rick Christoffers		25.00	
5/3/04	ID# CK#	James or Ta' Mara Hanscom 3902 Smith Piver Rd. 51108		25.00	
5/3/04	ID# CK#	Barb Vakulskas 4300 Country Club 51104		25.00	
5/3/04	ID# CK#	Lois Bjork 214 S. Collins 51103		25.00	
5/3/04	ID# CK#	Lyn Davenport 3219 Nebraska 51104		25.00	
5/11/04	ID# CK#	Sandy Larvick 2409 darshall 51106		15.00	
5/14/64	ID# CK#	Marge Stane K 5500 WILL Rose LN. 51106 Robert Rice 51106		25.00	
		500 Y Raving Park Ln. TOTAL (if last page	SUB-TOTAL of this schedule)	\$515,00	

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES	
CHECK THIS BOX IF AMENDING FORM		

Ra	Lig for	State House		
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
	NUMBER ID#			
THE STATE OF THE S	CK#	P. The state of th		\$
4/30/04	ID# CK#	Jacob Bassman	Reintersement for Mileage	154.36
5/14/04	ID# CK#	Jacob Bosman	Reimbursement for prileage	141.78
	ID# CK#			
	ID# CK#			
, _{1, 1, 2} = 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
		<u></u>	SUB-TOTAL	\$ 296.14
			TOTAL (if last page of this schedule)	\$ 296.14

THIS	BOX APPL	IES TO	CANDIDATES'	COMMITTEES ONL	.Y:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 56.6(3)(i).)

Page	1	of	/	

Radig for State House

Name: Jacob Bossman	
Address: 697 Sherrylynn Blud. A	1pt.26
City: Pleasant Hill	
State: IA Zin .50327 Signature:	Date: April 30, 2004

Date	Miles	@.34 cents/mile	Other	Purpose of Expenditure
4/30/04	227	77.18		House Party Staffing
5/2/04	227	77.18		House Party Staffing Return from House Party
			1	
	11 2.4			
Subtotals	454	154.36		\$ 154.36

Total Expenditures

Campaign Approval

Paid for by Radig for State House